

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/786233

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		2				
12		2				
13		2				
14		/				
15		/				
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20		/				
21		/				
22		/				
23		/				
24		/				
25		2				
26		/				
27		/				
28		/				
29		/				
30		2				
31		/				
32		/				
33		/				
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37		/				
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41		/				
42	/					
43		/				
44		2				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
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57		/				
58		/				
59		/				
60		/				
61		2				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						